

# Compliance Review Checklist - Title 29 CFR Part 30

#1

## Massachusetts Division of Workforce Development

### Division of Apprenticeship Training

Sponsor: \_\_\_\_\_

Sponsor #: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

*Check boxes as appropriate*

Folder Contents	Sponsors Records Include	Affirmative Action Includes 29 CFR 30.4(c)(1)
Compliance Checklist <input type="checkbox"/>	Original Application <input type="checkbox"/>	Dissemination of information <input type="checkbox"/>
Analysis <input type="checkbox"/>	Applicant's qualification summary <input type="checkbox"/>	Copy of Media clipping <input type="checkbox"/>
AIMS Form <input type="checkbox"/>	Interview records <input type="checkbox"/>	Copy of Notices <input type="checkbox"/>
Court Order <input type="checkbox"/>	Ranking list <input type="checkbox"/>	Copy of Posting <input type="checkbox"/>
Home Town Plan <input type="checkbox"/>	Basis for selection/rejection <input type="checkbox"/>	Participates in EEO workshops <input type="checkbox"/>
Memorandum of Understanding <input type="checkbox"/>	5 year maintenance requirement <input type="checkbox"/>	Cooperates with schools <input type="checkbox"/>
Standards <input type="checkbox"/>	Documentation <input type="checkbox"/>	Communicates EEO policy to employees <input type="checkbox"/>
Pledge <input type="checkbox"/>		Engages in outreach <input type="checkbox"/>
Qualification Requirements <input type="checkbox"/>		Encourages preparatory training <input type="checkbox"/>
Affirmative Action Plan <input type="checkbox"/>		Utilizes journeypersons in EEO program <input type="checkbox"/>
Goals and Timetables <input type="checkbox"/>		Grants credit for experience <input type="checkbox"/>
Selection Procedures <input type="checkbox"/>		Exceeds age limit to achieve EEO <input type="checkbox"/>
		Other actions as listed in regulations <input type="checkbox"/>

  

Selection Method 29 CFR 30.5(b)(1) thru 30.5(b)(4)	Extended Review
Rank (Validation) <input type="checkbox"/>	Affirmative Action activities review <input type="checkbox"/>
Random (Lottery) <input type="checkbox"/>	Eligibility pool determinations <input type="checkbox"/>
Restricted Pool (present employees) <input type="checkbox"/>	Selection process <input type="checkbox"/>
Alternative (any other) <input type="checkbox"/>	Eligibility lists <input type="checkbox"/>
Oral Interview used <input type="checkbox"/>	Records <input type="checkbox"/>
<i>Additional Actions Voluntarily Taken</i>	
Direct referral of job corps graduates <input type="checkbox"/>	
Selection other than order of ranking <input type="checkbox"/>	
Special programs funded by sponsor or government <input type="checkbox"/>	
Multiple lists for direct entry <input type="checkbox"/>	
Specific recruitment for direct entry <input type="checkbox"/>	
<i>Qualifications Required:</i>	
Age limits <input type="checkbox"/>	
Physical fitness <input type="checkbox"/>	
Aptitude test (E.S. given) <input type="checkbox"/>	
Other test on pass/fail basis <input type="checkbox"/>	
Education <input type="checkbox"/>	

  

Program Operation Sponsor's Records (30.8(a))
Job assignment review <input type="checkbox"/>
Promotions <input type="checkbox"/>
Demotions <input type="checkbox"/>
Layoff/terminations <input type="checkbox"/>
Rates of pay/compensation <input type="checkbox"/>
Conditions of work <input type="checkbox"/>
Hours of work <input type="checkbox"/>
Hours of training <input type="checkbox"/>

  

Compliance Results
Program exempt and renewed yearly <input type="checkbox"/>
Complaint received <input type="checkbox"/>
Goals and timetables updated <input type="checkbox"/>
In compliance in all aspects <input type="checkbox"/>
In compliance - progressing satisfactorily <input type="checkbox"/>
In compliance via good faith effort <input type="checkbox"/>
Underutilization exists, goals not met, extended review attached <input type="checkbox"/>
Required records not kept, voluntary compliance sought <input type="checkbox"/>
Program not in compliance, voluntary compliance sought <input type="checkbox"/>
Corrective action recommended to supervisor <input type="checkbox"/>

A full field compliance review has been completed in accordance with Title 29 CFR Article 30.9

Signature \_\_\_\_\_

Date \_\_\_\_\_

Initial Reviewer: DAT Compliance Officer

Initials \_\_\_\_\_

Date \_\_\_\_\_

State Director

Initials \_\_\_\_\_

Date \_\_\_\_\_

OA Regional Director